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Informal Stroke Caregivers' Satisfaction with Healthcare Services in a Tertiary Healthcare Centre in Ibadan, Nigeria

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Abstract

Background: Many of the consequences of stroke affect not only the stroke survivor but also the informal caregiver. Most studies on informal stroke caregivers in literature are on the effects of care giving on the physical, emotional and psychological well-being of these carers. Considering the important role informal caregivers play in the rehabilitation process of the stroke survivor, there is the need to consider their views and expectations from care received by their care recipients.

Objectives: This study investigated the satisfaction of informal stroke caregivers with healthcare services being received by their care recipients in a tertiary hospital in Ibadan.

Methodology: Fifty consenting informal caregivers (12 males, 38 females) of stroke survivors receiving in-patient care on the medical wards of a tertiary healthcare facility participated in this cross sectional survey. A self-developed, 3-part questionnaire adapted from the Caregivers' Satisfaction with Stroke Care Questionnaire was used for this study.

Results: The data collected was summarized using descriptive statistics of mean and percentages and illustrated with pie charts. Most of the participants (44%) were children of the patients. The results obtained showed that 48% of the participants were highly satisfied, 48% were satisfied while only 4% reported dissatisfaction. Areas of dissatisfaction were quality of food, water supply, electricity supply, waiting time and information about the condition of their care recipients.

Conclusion: This study showed that the extent of satisfaction of informal stroke caregivers' with inpatient care at the University College Hospital was good. It has also shown the need to routinely assess the satisfaction of informal carers with services being provided in the hospital for the purpose of quality assurance.

Key Words: Stroke, Informal Caregivers, satisfaction, Quality of Care, HealthCare

Introduction

The healthcare industry like other service industries has become highly receptive to the notion that service quality and consumer satisfaction are critically important factors in the success of healthcare organizations (Juwaheer & Kasean, 2006). Monitoring of consumers' perception is a simple but important strategy for healthcare organizations to evaluate their services and improve their performance (Bhattacharya et al, 2003; Kulkarni et al, 2011). Consequently, interest in patients' satisfaction with treatment has increased in many developed and some developing countries of the world (Juwaheer & Kasean, 2006). This growth in measurement of patient's satisfaction is a demonstration of the move towards a patient-centred care (Beattie et al, 2005).

Although, there is a mixed opinion in the literature regarding whether or not satisfaction level is a reflection of quality of healthcare (Kudak & Smith, 2000), the consensus is that patient satisfaction is reflective of patients perception of the quality of healthcare they receive and the quality of the specific institution offering the care (Abdosh, 2006). Identifying what the consumer perceives quality of care to be helps create a measure for good services (Ramsaran-Fowder, 2008; Scotti, Harmon & Behson, 2007) and patients are the ultimate consumers for the hospital (Kulkarni et al., 2011).

Satisfaction of stroke survivors, who are the actual healthcare recipients, with care received has been studied in different parts of the world (Heuy-Ming & Shake, 2002; Smith et al., 2000).

However, assessing patients' view alone in measuring satisfaction may not be enough as stroke affects both patients and their informal caregivers (Cramm, Strating & Niebor, 2011a). Caregivers' are of paramount relevance to the maintenance of stroke

survivors in the community and are sometimes referred to as secondary patients (Reinhard, 2004). They provide more than usual care and most of the times without pay, for the patient. Most researchers in the field of care giving have conceptualize the care that family members give as assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) but these concepts do not adequately capture the complexity and stressfulness of care giving (Reinhard, 2004).

To ensure quality of care is maintained and improved upon, stroke care services should also be evaluated by informal caregivers who bear a substantial amount of burden in their roles as caregivers. Yet, studies evaluating stroke caregivers' satisfaction in Nigerian hospitals are not readily available for referencing. This preliminary study was therefore carried out to investigate informal stroke caregivers' satisfaction with in-patient care in the foremost teaching hospital in Nigeria.

Methods

Caregivers of all the stroke survivors who were on admission on the medical wards of the University College Hospital, Ibadan, Nigeria between May and August, 2012 were approached for participation in this study. Only fifty caregivers out of a total of sixty-eight gave consents and participated in this cross-sectional survey study. Prior to the commencement of the study, ethical approval was sought and obtained from the University of Ibadan/University College Hospital Ethics Review Committee (UI/EC/12/143). A letter of introduction was obtained from the Department of Physiotherapy which was taken to the Nursing officers on the medical wards where stroke patients were admitted. The caregivers' were identified by each stroke survivor and/or nursing officer where the patient was unable to. The rationale and procedure for the study were explained to the participants (informal caregivers) and their informed consent was sought and obtained.

Information about the stroke survivors were obtained from the hospital case files where patients and/or caregivers could not provide such. The instrument for data collection was a questionnaire adapted from the Stroke Caregivers' Satisfaction with Hospital Care (C-SASC) questionnaire (Cramm, Strating & Niebor, 2011b).

The resulting pre-tested questionnaire consisted of 3 sections. Section A was on socio-demographic data of patients, section B was on socio-demographic data of the caregivers while section C consisted of items on satisfaction with healthcare services in the University College Hospital, Ibadan. The questionnaire was interviewer-administered by the researcher to

ensure response and prompt retrieval of questionnaires.

Data Analysis

Data were summarized using descriptive statistics of mean, standard deviation and percentage. Pie charts and bar charts were also used to further illustrate data. Participants' responses to the items in section 3 of the questionnaire were scored on a 4-point scale ranging from 0 to 3.

- 0 means strongly disagree
- 3 means strongly agree.

Scores were calculated for each participant based on the scale. The minimum obtainable score was 0 while the maximum obtainable score was 48.

Scores were subsequently categorized as follows:

- 0 – 16 => Not satisfied;
- 17- 32 => Satisfied
- 33- 48 => Highly satisfied.

Results

Sixty-eight identified informal caregivers of stroke patients admitted on the medical wards of the University College hospital, Ibadan, Nigeria were approached for participation in this study. Fifteen declined to participate claiming the health status of their care recipients did not give room for participation in any research in spite of efforts at explaining the significance of the study to them. Two informal caregivers were jointly employed by some stroke patients while on admission and could not participate because they were not attached to a patient in particular. A caregiver withdrew consent on the instruction of the patient himself leaving fifty consenting informal stroke caregivers who participated in the study (12 males and 38 females).

The mean age of the participants was 35.64±18.14years though most of them (54.0%) were less than 35 years (table 1). Twenty-two (44.0%) of the caregivers were children of the patients while only 1 (2%) was a parent. The percent distribution of participants' relationship with patients is as in Figure 1. All the 50 caregivers responded to all the items assessing their satisfaction with care and all (100%) expressed dissatisfaction with one or more areas of service provision. The highest rate of dissatisfaction (44%) was with the quality of food given to the patients while the highest rate of satisfaction was with the process of care (table 2). The total satisfaction score of the participants indicated that 48% of the caregivers were highly satisfied with services provided by the University College Hospital, Ibadan (Figure 2).

Discussion

The gender distribution showed that there were more female (76%) caregivers than male (24%) caregivers in this study. This is in accordance with the reports of studies on gender difference in caregiving that women made up almost 60% of caregivers and have preponderance toward providing assistance (Hirst, 2005; Sarkisian & Gerstel, 2004). This is further corroborated by the findings of Cramm, Strating & Niebor, 2011b; Sapountzi-Krepia et al., 2006; Lavdaniti et al., 2011.

The gender difference in the provision of informal care may be related to various social, religious and cultural factors that have associated care-giving the female social roles (Rivera-Navarro, Morales-Gonzalez & Benito-Leon, 2003). In the Nigerian context, females are expected to care for significant orders who are ill rather than males. It may also be because women are more likely to give up work or reduce work hours in order to provide care (Horsburgh, 2002).

Just above average of the participants in this study (54%) were young adults (aged < 35 years old) who were supposed to be at school or working to earn a living. This is contrary to the findings of Sapountzi-Krepia et al., (2006) and Lavdaniti et al., (2011). These researchers reported that the vast majority of informal in-hospital caregivers are middle-aged women. There has been an observed increase in the number of young adult caregivers. The demand of care-giving, however, may reduce the time and opportunity for such young carers' own social life and leisure (Noble-Carr, 2002). This may result in loss productivity to their employers and financial strain on the family. Sapountzi-Krepia et al., (2006) also confirmed that many informal caregivers are faced with significant changes in their employment situation in order to be able to provide in-hospital care to their relatives.

Table 1: Socio-Demographic Characteristics of the Caregivers and their Care Recipients

Variable	Category	Caregivers n	Caregivers %	Care Recipients n	Care Recipients %
Gender	Female	38	76	28	56
	Male	12	24	22	44
	Total	50	100	50	100
Marital status	Single	19	38	1	2
	Married	30	60	47	94
	Divorced	1	2	2	4
	Total	50	100	50	100
Education	no formal	6	12	15	30
	Primary	7	14	8	16
	Secondary	16	32	4	8
	NCE/Polytechnic	7	14	8	16
	University	14	28	15	30
	Total	50	100	50	100
Mean Age (years)		35.64±18. 14		59.54±12.64	

Table 2: Percent Scores Of Items on Caregiver's Satisfaction

Items	Satisfied	%	Not satisfied	%
The hospital staff treats me with kindness and respect.	49	98	1	2
The hospital staff attends to the needs of the patient I take care of since I have been in the hospital and have been trying to support me as much as possible.	47	97	3	6
I am able to talk to the staff about any problems I have.	45	90	5	10
I received all the information I wanted about the causes and nature of the illness of the patient I take care of from the hospital staff.	31	62	19	38
The doctors have been doing everything they can to make the patient I take care of well again.	41	82	9	18
I am satisfied with the type of treatment the physiotherapists give the patient I take care of	41	82	9	18
The patient I take care of has been treated with Kindness and respect by the staff at the hospital.	43	86	7	14
Waiting time for the specialized procedures and tests (laboratory tests, MRI, CT Scan, X-ray, surgery) for the patient I take care of has been minimal.	32	64	18	36
Water supply has been adequate in the hospital ward into which the patient I take care of is admitted.	33	66	17	34
Electricity supply has been regular in the hospital ward into which the patient I take care of is admitted	33	66	17	34
I am satisfied with the cleanliness of the toilets and bathrooms of the ward into which the patient I take care of is admitted.	48	96	2	4
I am satisfied with the quality of the food the hospital serves the patient I take care of	28	56	22	44
The hospital has been supplying all the drugs prescribed to the patient I take care of.	36	72	14	28
Payment for the drugs, tests and other services rendered to the patient I take care of has been easy.	35	70	15	30
The cleanliness of the ward into which the patient I take of is admitted is satisfactory.	48	96	2	4
The overall care of the patient I take care of in the hospital has been satisfactory.	48	96	2	4

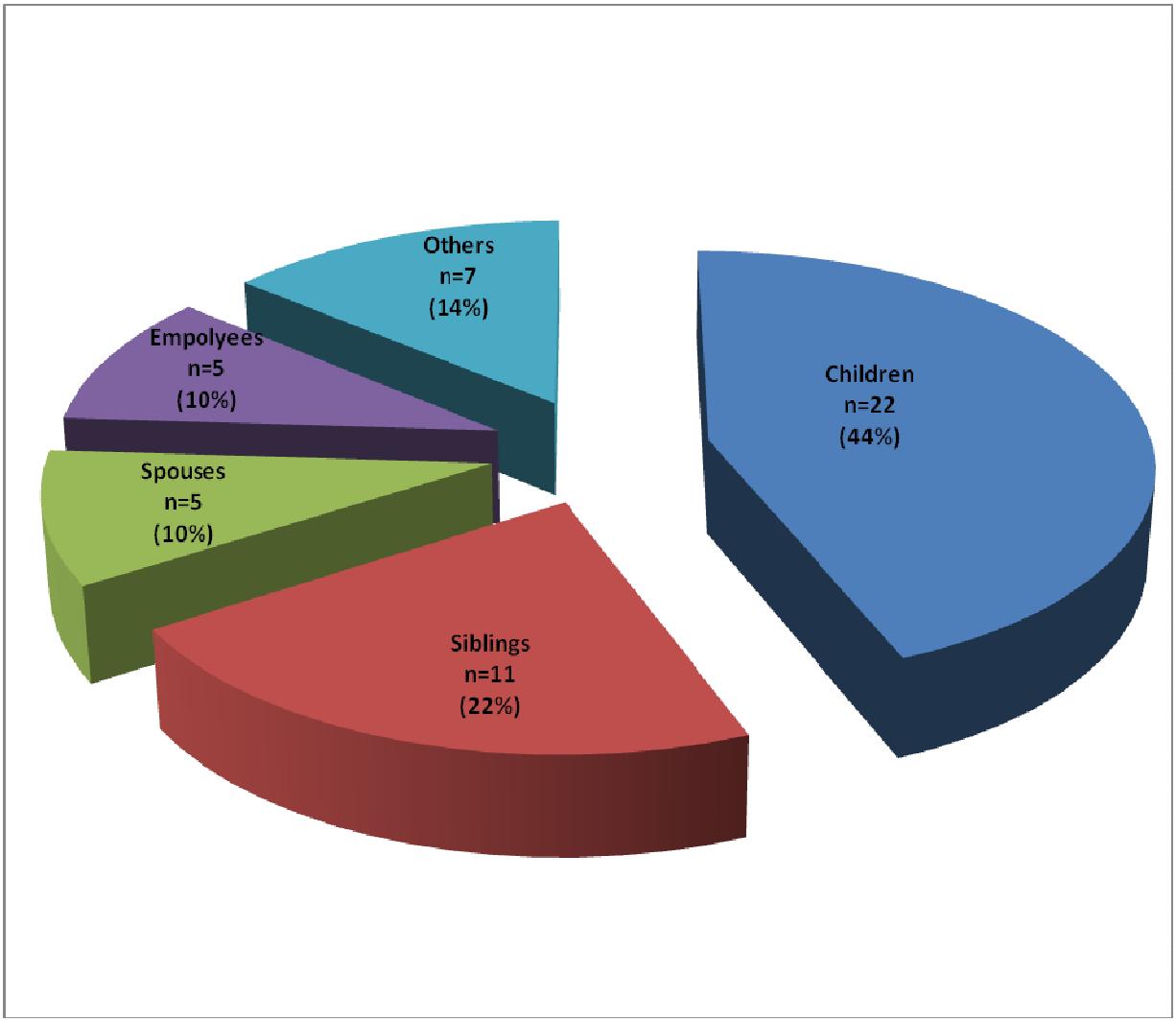

FIGURE 1: Percent distribution of caregivers' relationship to the patients

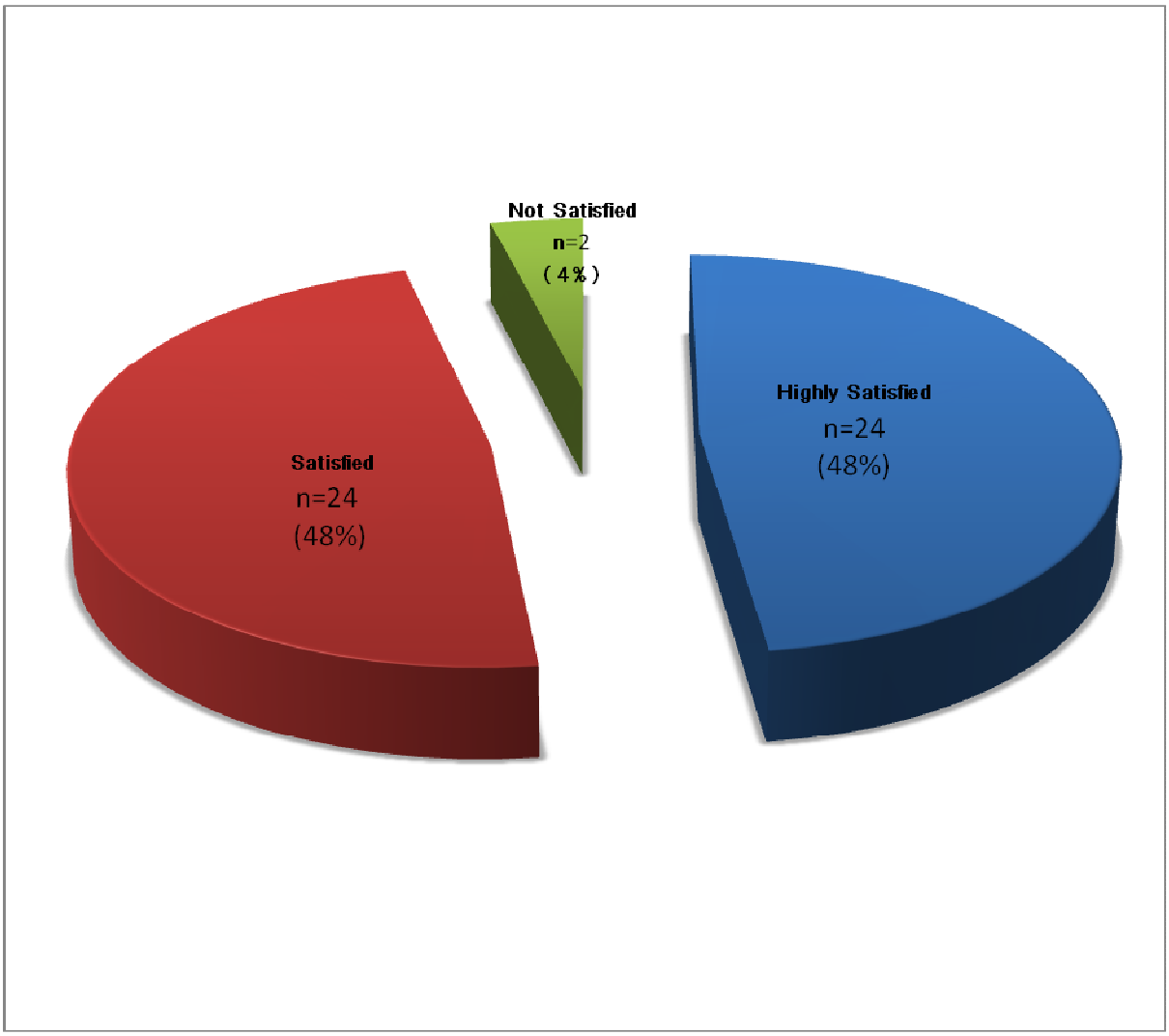

FIGURE 2: Percent distribution of caregivers' satisfaction with inpatient care

Most of the caregivers were children of the patients (44%) followed by siblings (22%) and spouses (10%). This is in agreement with the reports of young caregivers research that children readily takes up the responsibility of caring for their parents and siblings The high proportion of children caregivers in this study shows that children easily take up the responsibility of taking care of their parents (either father or mother) than would other members of the family.

However, findings from an earlier study involving informal caregivers of stroke survivors reported that majority of the caregivers were partners (spouses) of the patients (Cramm, Strating & Niebor, 2011b). The relatively low representation of spouses in this study may be because of the need to hold down a job and earn money for their family upkeep.

All participants expressed dissatisfaction with at least one area of service provision. The percent satisfaction of the caregivers with different aspects of care provided in the hospital is as presented in tTable 2. It was observed that the care givers were dissatisfied with items like waiting time for investigations, electricity and water supply, information about the condition of their care recipients and quality of food being served. It is worthy of note that high rates of satisfaction were expressed in areas relating to the process of care of the patients such as the way the hospital staff treat them and their care recipients, accessibility of healthcare providers and treatment given to the patients while dissatisfaction rates were higher in areas relating to the structure of care.

Dissatisfaction with the amount of information given on the condition and / or prognosis of care recipients ranked second (38%) to dissatisfaction with the quality of food supplied (44%) to care recipients. This is similar to the reports from a study involving informal caregivers of persons with dementia which showed that most of the caregivers claimed that they need additional information and advice (Peeters et al, 2010). According to Kosco and Warren (2000), information about patients' conditions and the procedures being performed on them continued to be a major priority for informal caregivers. The information needs were often about the progress of patient health, treatment, nursing care and general care that is provided in the hospital (Sapountzi-Krepia, et al., 2008). There is therefore a need for clarity of expectations on patients' admission into the hospital to forestall conflicts and false expectations. Concerted effort should be made to improve communication with caregivers for improved stroke services.

The overall satisfaction scores of the participants in this study suggest that informal stroke caregivers are generally satisfied with in-patient care in the University College Hospital, Ibadan. This may be because it is a teaching hospital and teaching hospitals in Nigeria are adjudged to have the best facilities and best healthcare personnel compared to other levels of care. A higher level of satisfaction with care had been similarly reported among informal caregivers of stroke survivors (Pound, Gompertz & Ebrahim, 1993). In the study of Pound, Gompertz & Ebrahim (1993), caregivers were highly satisfied that their care recipients have been treated with kindness and respect by the hospital staff and that their personal needs were attended to. It may also be that the expectations of the informal stroke caregivers of the hospital are low and so they are easy to please.

However, there is a need to reduce the waiting time where possible for results of investigations carried out on patients. The quality of food provided is an area of dissatisfaction that should be improved upon. Provision of pipe-borne water on all the wards should be looked into. There may be a need to sink more boreholes and lay more pipes to the wards to ensure continuous flow of water. Power outage seems to be a national issue but is still not excusable in a hospital environment where caregivers may need to move around until late in the night to ensure their care recipients get all they require for proper care. Inexpensive sources of electricity such as using inverters and so on should be explored as alternatives to running fuel-consuming and exhaust fume-producing generators.

Conclusion

The findings of this study have shown that informal caregivers of stroke survivors were satisfied with the in-patient care received by their patients in the University College Hospital, Ibadan. This may be an indicator of quality of service being provided by this hospital and may provide a premise for recommendation of the hospital to others by these caregivers. It has also alerted to areas of deficiencies in stroke services provision that the hospital can improve upon for

consequent customers' satisfaction and loyalty. Findings from this study may not be a reflection of satisfaction of informal care-givers' of patients with conditions other than stroke. Satisfaction may be related to the level of knowledge as well as socio-cultural perception of a given medical condition and these were not assessed in this study.

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